

TRANSMITTAL LETTER				Docket No. 0425-1138PUS1																																											
Application No. 10/500,750-Conf. #6756	Filing Date January 3, 2005	Examiner C. C. Chang	Art Unit 1625																																												
Applicant(s): Yoichi IIMURA et al.																																															
Invention: SIGMA RECEPTOR BINDER CONTAINING INDANONE DERIVATIVE																																															
<p>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">34</td> <td style="text-align: center;">- 36 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 210.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment. </p> <p> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. </p> <p> <input checked="" type="checkbox"/> Credit any overpayment. </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>John W. Bailey Attorney Reg. No.: 32,881</p> </div> <div style="width: 45%; text-align: right;"> <p>Dated: <u>October 26, 2007</u></p> </div> </div> <p style="margin-top: 10px;"> BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 </p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	34	- 36 =	0	x 50.00	0.00	Independent Claims	2	- 3 =	0	x 210.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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